

40071

2007  
TC-40

Fiscal Year

Form 8886

9999

2-D Bar  
Code

Utah State Income Tax Dollars Fund Education

• Amended Return

## Utah Individual Income Tax Return

X if deceased

Your Soc. Sec. No. THEODORE W BIGELOW  
400005205 SALLY F BIGELOW X  
13 WINNERS CIR  
Spouse's SSN PO BOX 56481  
400005225 WEST VALLEY UT 841206481

1 Filing Status - enter code	2 Exemptions - enter number	3 Election Campaign Fund - enter code
A = Single • C	a 1 Yourself	C = Constitution Yourself Spouse
B = Head of Household	b 1 Spouse } from federal return	D = Democrat • N • R
C = Married filing jointly	c 1 Dependents	R = Republican
D = Married filing separately	d Disabled dependents - see instr.	N = No contribution Does not increase tax or reduce refund
E = Qualifying widow(er)	e 3 Total exemptions (add a through d)	

  

4 a Federal adjusted gross income	• 4 a 166598 .	
4 b Additions to income from form TC-40S, Part 1	4 b 1522 .	4 168120 .
5 a State tax refund included on federal form 1040	• 5 a 1274 .	
5 b Deductions from income from form TC-40S, Part 2	5 b 5332 .	5 6606 .
6 Modified federal adjusted gross income (subtract line 5 from line 4)	• 6 161514 .	
7 State income tax deducted as an itemized deduction on federal form 1040, Sch. A	• 7 3970 .	
8 Total adjusted income (add lines 6 and 7)		8 165484 .
9 a Standard or itemized deduction	• 9 a 33515 .	
9 b Personal exemptions deduction (multiply \$2,550 by line 2e, unless limited)	• 9 b 7650 .	
9 c One-half of the federal tax	• 9 c 11784 .	
9 d Retirement exemption/deduction - TC-40B. Check box(es) if age 65 or over	• 9 d .	• TP • SP
9 e Other deductions from form TC-40S, Part 3	9 e 5649 .	9 58598 .
10 Utah taxable income (subtract line 9 from line 8) If less than zero, enter zero	• 10 106886 .	
11 Enter "X" if you are a qualified exempt taxpayer (see instructions)	• 11	
12 Traditional tax calculation (calculate tax on page 17)	• 12 7173 .	
13 Flat tax rate calculation (multiply line 6 by .0535) See instr for UESP credit	• 13 8641 .	
14 Utah income tax (enter the lesser of line 12 or line 13)		14 7173 .
15 FOR NON OR PART-YEAR RESIDENTS ONLY - Attach form TC-40C	• X Nonresident	• Part-year resident
Box a - from Col. A, line 32	Box b - from Col. B, line 32	Box c - Utah income tax ratio (Line 14 x Box c)

  

• 32500 .	/	• 164221 .	=	• 1979	• 15 1420 .
-----------	---	------------	---	--------	-------------

Last name BIGELOW

SSN 400-00-5205

16	Enter tax (full-year resident, enter tax from line 14 - non or part-year resident, enter tax from line 15)	16	1420.																																			
17	Nonrefundable credits from form TC-40S, Part 4	17	.																																			
18	Subtract line 17 from line 16 (Note: if line 17 is greater than or equal to line 16, enter zero)	18	1420.																																			
19	Contributions - add lines 19a through 19e and enter total contributions on line 19																																					
	<table><thead><tr><th>Code</th><th>Description</th><th>Code</th><th>Amount</th><th>Sch Dist Code</th></tr></thead><tbody><tr><td>01</td><td>Utah Nongame Wildlife Fund</td><td>19a</td><td>01</td><td>100.</td></tr><tr><td>02</td><td>Pamela Atkinson Homeless Trust Fund</td><td>19b</td><td>02</td><td>110.</td></tr><tr><td>03</td><td>Kurt Oscarson Children's Organ Transplant Fund</td><td>19c</td><td>03</td><td>120.</td></tr><tr><td>05</td><td>School District &amp; Nonprofit School District Foundation</td><td>19d</td><td>05</td><td>130. 32</td></tr><tr><td>08</td><td>Wolf Depredation Fund</td><td>19e</td><td>08</td><td>140.</td></tr><tr><td>09</td><td>Cat &amp; Dog Community Spay and Neuter Program</td><td></td><td></td><td></td></tr></tbody></table>	Code	Description	Code	Amount	Sch Dist Code	01	Utah Nongame Wildlife Fund	19a	01	100.	02	Pamela Atkinson Homeless Trust Fund	19b	02	110.	03	Kurt Oscarson Children's Organ Transplant Fund	19c	03	120.	05	School District & Nonprofit School District Foundation	19d	05	130. 32	08	Wolf Depredation Fund	19e	08	140.	09	Cat & Dog Community Spay and Neuter Program				19	600.
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09	Cat & Dog Community Spay and Neuter Program																																					
20	AMENDED RETURNS ONLY - previous refund	20	.																																			
21	Recapture of low-income housing credit	21	.																																			
22	Utah use tax	22	400.																																			
23	<b>Total tax, use tax and additions to tax</b> (add lines 18 through 22)	23	2420.																																			
24	UTAH TAX WITHHELD (must attach W-2s and/or 1099 forms)	24	500.																																			
25	Credit for Utah income taxes prepaid	25	1000.																																			
26	AMENDED RETURNS ONLY - previous payments	26	.																																			
27	Refundable credits from form TC-40S, Part 5	27	.																																			
28	<b>Total withholding and credits</b> (add lines 24 through 27)	28	1500.																																			
29	<b>Tax Due</b> - if line 23 is greater than line 28, subtract line 28 from line 23	<b>TAX DUE</b> 29	920.																																			
30	Penalty and interest	30	25.																																			
31	<b>Pay this amount</b> (add lines 29 and 30)	31	945.																																			
32	<b>Refund</b> - if line 28 is greater than line 23, subtract line 23 from line 28	<b>REFUND</b> 32	.																																			
33	Enter the amount of refund you want applied to your 2008 taxes	33	.																																			
34	<b>DIRECT DEPOSIT YOUR REFUND.</b> Complete information below.																																					
	• Routing number	• Account number	Acct type • checking • savings																																			

Under penalties of perjury, I declare to the best of my knowledge and belief, this return and accompanying schedules reflect my true tax status.

SIGN	Your signature	Date	Spouse's signature	Date
HERE				
Third Party Designee	Name of designee (if any) you authorize to discuss this return	Designee's telephone number	Designee PIN	•
Paid Preparer's	Preparer's signature	Date	Preparer's telephone number	•
			999-999-9999	SSN/PTIN 552257946
Section	Firm's name and address	Preparer's EIN		•
12128	W BENTON BLVD SAN BATISTO UT 84402			864235791

**Part 1 - Additions to Income** (write the code and amount of each addition to income, see pages 5 and 6)

Code		Code		
5 1	Lump sum distribution	5 6	Child's income excluded from parent's return	• 55 707 .
5 2	State taxes allocated from estate/trust	5 7	Municipal bond interest	
5 3	Medical Savings Account (MSA) *	6 0	Untaxed income of a resident trust	• 56 815 .
5 4	Utah Educational Savings Plan (UESP) *	6 1	Untaxed income of a nonresident trust	
5 5	Reimbursed adoption expenses *	6 9	Equitable adjustments	• .
	* to the extent previously deducted from Utah income			• .
<b>Total additions to income</b> (add all additions to income and enter total here and on TC-40, line 4b)				1522 .

**Part 2 - Deductions from Income** (write the code and amount of each other deduction, see pages 6 and 7)

Code		Code		
7 1	Interest from U.S. Government Obligations	7 8	Railroad retirement income	• 78 2955 .
7 7	Native American income:	7 9	Equitable adjustments	
	Enrollment number & Tribe -	8 2	Nonresident active duty military pay	• 82 2377 .
	Primary •	8 5	State tax refund distributed to beneficiary	• .
	Secondary •			• .
				• .
				• .
<b>Total deductions from income</b> (add all deductions from income and enter total here and on TC-40, line 5b)				5332 .

**Part 3 - Other Deductions from Income** (write the code and amount of each other deduction, see pages 8 and 9)

Code		Code		
7 2	Medical Savings Account (MSA)	7 5	Long-term care insurance premiums	• 74 5000 .
7 3	Utah Educational Savings Plan (UESP)	7 6	Adoption expenses	
7 4	Health care insurance premiums	8 1	Gains on capital transactions	• 81 649 .
				• .
				• .
				• .
				• .
<b>Total other deductions</b> (add all other deductions and enter total here and on TC-40, line 9e)				5649 .

Attach completed schedule to your 2007 Utah Income Tax return

Taxpayer last name

Taxpayer social security number

**Residency status:**

☐ Nonresident. Home state abbreviation: \_\_\_\_\_

☐ Part-year Utah resident from \_\_\_\_ / \_\_\_\_ / 07 to \_\_\_\_ / \_\_\_\_ / 07

## Column A - UTAH INCOME AND ADJUSTMENTS

**INCOME:** Enter all income or loss 1) earned or received from Utah sources while not a Utah resident, plus 2) earned or received from all sources while a Utah resident, even if not from a Utah source.

**ADJUSTMENTS:** Enter each adjustment applicable to Utah income. This includes payments to qualified IRA or self-employed retirement plans, alimony paid while a Utah resident, moving expenses when moving into Utah, etc.

## Column B - FEDERAL INCOME AND ADJUSTMENTS

**INCOME:** Enter the amount of income in this column from all sources, as found on your federal return, as noted below.

**ADJUSTMENTS:** Enter the amount of each adjustment applicable to federal income, as found on your federal return, as noted below.

**Nonresident Military Personnel Adjustment:** Enter on line 30, Column B, the amount included on line 1, Column B, that is active duty military pay.

INCOME	COLUMN A - UTAH	COLUMN B - FEDERAL
1. Wages, salaries, tips, etc. (1040/1040A line 7, 1040EZ line 1)	00	00
2. Taxable interest income (1040/1040A line 8a, 1040EZ line 2)	00	00
3. Ordinary dividends (1040/1040A line 9a)	00	00
4. Taxable refunds, credits, or offsets of state and local income taxes (1040 line 10)	00	00
5. Alimony received (1040 line 11)	00	00
6. Business income or (loss) (1040 line 12)	00	00
7. Capital gain or (loss) (1040 line 13, 1040A line 10)	00	00
8. Other gains or (losses) (1040 line 14)	00	00
9. IRA distributions - taxable amount (1040 line 15b, 1040A line 11b)	00	00
10. Pensions and annuities - taxable amount (1040 line 16b, 1040A line 12b)	00	00
11. Rental real estate, royalties, part., S corp., trusts, etc. (1040 line 17)	00	00
12. Farm income or (loss) (1040 line 18)	00	00
13. Unemployment compensation (1040 line 19, 1040A line 13, 1040EZ line 3)	00	00
14. Social Security benefits - taxable amount (1040 line 20b, 1040A line 14b)	00	00
15. Other income (1040 line 21)	00	00
16. Total income (add lines 1 through 15)	00	00
ADJUSTMENTS	COLUMN A - UTAH	COLUMN B - FEDERAL
17. Educator expenses (1040 line 23)	00	00
18. Certain business expenses (1040 line 24)	00	00
19. Health savings account deduction (1040 line 25)	00	00
20. Moving expenses (1040 line 26 - column A, only expenses moving into Utah)	00	00
21. One-half of self-employment tax (1040 line 27)	00	00
22. Self-employed SEP, SIMPLE, and qualified plans (1040 line 28)	00	00
23. Self-employed health insurance deduction (1040 line 29)	00	00
24. Penalty on early withdrawal of savings (1040 line 30)	00	00
25. Alimony paid (1040 line 31a)	00	00
26. IRA deduction (1040 line 32, 1040A line 17)	00	00
27. Student loan interest deduction (1040 line 33, 1040A line 18)	00	00
28. Tuition and fees deduction (1040 line 34, 1040A line 19)	00	00
29. Domestic production activities deduction (1040 line 35)	00	00
30. Nonresident military active duty pay included on line 1 column B (page 9)		00
31. Total adjustments (add lines 17 through 30)	00	00
32. Subtract line 31 from line 16 for both COLUMNS A and B. COLUMN B total must equal the FAGI amount on TC-40, line 4a (unless line 30 is completed).	00	00

Attach this completed SCHEDULE to your Utah tax return.

Enter this total on  
TC-40, line 15, "Box a"

Enter this total on  
TC-40, line 15, "Box b"

a Control number <b>00123456</b>		Void <input type="checkbox"/>		For Official Use Only OMB No. 1545-0008			
b Employer identification number <b>87-023456</b>				1 Wages, tips, other compensation <b>74,379</b>		2 Federal income tax withheld <b>5,542</b>	
c Employer's name, address, and ZIP code <b>HIGHUP CASINO</b>  <b>711 SLOTS AVENUE</b> <b>PEOA UTAH 84061</b>				3 Social security wages <b>74,379</b>		4 Social security tax withheld <b>4,759</b>	
				5 Medicare wages and tips <b>74,379</b>		6 Medicare tax withheld <b>1,113</b>	
				7 Social security tips		8 Allocated tips	
d Employee's social security number <b>400-00-5205</b>				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name <b>THEODORE W. BIGELOW</b> <b>13 WINNERS CIRCLE</b> <b>WEST VALLEY, UT 84120</b>				11 Nonqualified plans		12a	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party Sick pay <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
15 State Employer's state I.D. no. <b>UT Y01234</b>		16 State wages, tips, etc. <b>22,658</b>		17 State income tax <b>500</b>		18 Locality name	
<b>CO 87-0123456</b>		<b>54,098</b>		<b>0</b>			
				19 Local wages, tips, etc.		20 Local income tax	

Form **W-2** Wage and Tax Statement **2007**

a Control number <b>00123456</b>		Void <input type="checkbox"/>		For Official Use Only OMB No. 1545-0008			
b Employer identification number <b>12-0491730</b>				1 Wages, tips, other compensation <b>2,377</b>		2 Federal income tax withheld	
c Employer's name, address, and ZIP code <b>U.S. ARMED FORCES</b>  <b>2001 CONSTITUTION AVENUE</b> <b>WASHINGTON DC 20002</b>				3 Social security wages		4 Social security tax withheld	
				5 Medicare wages and tips		6 Medicare tax withheld	
				7 Social security tips		8 Allocated tips	
d Employee's social security number <b>400-00-5205</b>				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name <b>THEODORE W. BIGELOW</b> <b>13 WINNERS CIRCLE</b> <b>WEST VALLEY, UT 84120</b>				11 Nonqualified plans		12a	
				13 Statutory employee Retirement plan Third-party Sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code				15 State Employer's state I.D. no. <b>CO 87-9022463</b>		16 State wages, tips, etc. <b>2,377</b>	
				17 State income tax		18 Locality name	
				19 Local wages, tips, etc.		20 Local income tax	

Form **W-2** Wage and Tax Statement **2007**



## Label

(See instructions on page 16.)  
Use the IRS label.  
Otherwise, please print or type.

## Presidential

## Election Campaign

For the year Jan. 1–Dec. 31, 2007, or other tax year beginning , 2007, ending , 20

OMB No. 1545-0074

L  
A  
B  
E  
L  
  
H  
E  
R  
E

Your first name and initial

THEODORE W

Last name

BIGELOW

If a joint return, spouse's first name and initial

SALLY F

Last name

BIGELOW

Home address (number and street). If you have a P.O. box, see page 16.

13 WINNERS CIRCLE - PO BOX 56481

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.

WEST VALLEY UT 84120-6481

Your social security number

400 00 5205

Spouse's social security number

400 00 5225

▲ You must enter your SSN(s) above. ▲

Checking a box below will not change your tax or refund.

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) ▶ ☐ You ☐ Spouse

## Filing Status

Check only one box.

1 ☐ Single2 ☒ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

4 ☐ Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child (see page 17)

## Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6ab ☒ Spouse

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ If qualifying child for child tax credit (see page 19)

SAM BIGELOW

101

20

3131

SON

Boxes checked on 6a and 6b

2

No. of children on 6c who:

• lived with you

1

• did not live with you due to divorce or separation (see page 20)

Dependents on 6c not entered above

Add numbers on lines above ▶

3

d Total number of exemptions claimed

## Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 23.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2

7

76756

8a Taxable interest. Attach Schedule B if required

8a

b Tax-exempt interest. Do not include on line 8a

8b

9a Ordinary dividends. Attach Schedule B if required

9a

b Qualified dividends (see page 23)

9b

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 24)

10

1274

11 Alimony received

11

12 Business income or (loss). Attach Schedule C or C-EZ

12

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐

13

80000

14 Other gains or (losses). Attach Form 4797

14

15a IRA distributions

15a

b Taxable amount (see page 25)

15b

16a Pensions and annuities

16a

b Taxable amount (see page 26)

16b

5332

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17

3236

18 Farm income or (loss). Attach Schedule F

18

19 Unemployment compensation

19

20a Social security benefits

20a

b Taxable amount (see page 27)

20b

21 Other income. List type and amount (see page 29)

21

22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶

22

166598

## Adjusted Gross Income

23 Educator expenses (see page XX)

23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

24

25 Health savings account deduction. Attach Form 8889

25

26 Moving expenses. Attach Form 3903

26

27 One-half of self-employment tax. Attach Schedule SE

27

28 Self-employed SEP, SIMPLE, and qualified plans

28

29 Self-employed health insurance deduction (see page 29)

29

30 Penalty on early withdrawal of savings

30

31a Alimony paid b Recipient's SSN ▶

31a

32 IRA deduction (see page 31)

32

33 Student loan interest deduction (see page 33)

33

34 Tuition and fees deduction. Attach Form 8917

34

35 Domestic production activities deduction. Attach Form 8903

35

36 Add lines 23 through 31a and 32 through 35

36

37 Subtract line 36 from line 22. This is your adjusted gross income ▶

37

166598



**Tax and Credits****Standard Deduction for—**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 34.

• All others:

Single or Married filing separately, \$5,350

Married filing jointly or Qualifying widow(er), \$10,700

Head of household, \$7,850

38	Amount from line 37 (adjusted gross income)	38	166598
39a	Check <input type="checkbox"/> You were born before January 2, 1943, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1943, <input type="checkbox"/> Blind. Total boxes checked <b>39a</b>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here <b>39b</b>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	33515
41	Subtract line 40 from line 38	41	133083
42	If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet on page XX	42	10200
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	122883
44	Tax (see page 36). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> Form(s) 8889	44	23568
45	Alternative minimum tax (see page 39). Attach Form 6251	45	
46	Add lines 44 and 45	46	23568
47	Credit for child and dependent care expenses. Attach Form 2441	47	
48	Credit for the elderly or the disabled. Attach Schedule R	48	
49	Education credits. Attach Form 8863	49	
50	Residential energy credits. Attach Form 5695	50	
51	Foreign tax credit. Attach Form 1116 if required	51	
52	Child tax credit (see page XX). Attach Form 8901 if required	52	
53	Retirement savings contributions credit. Attach Form 8880	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 c <input type="checkbox"/> Form 8839	54	
55	Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits	56	
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	23568

**Other Taxes**

58	Self-employment tax. Attach Schedule SE	58	
59	Unreported social security and Medicare tax from: a <input type="checkbox"/> Form 4137 b <input type="checkbox"/> Form 8919	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2, box 9	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57 through 62. This is your total tax	63	23568

**Payments**

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	5542
65	2007 estimated tax payments and amount applied from 2006 return	65	20000
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election <b>66b</b>		
67	Excess social security and tier 1 RRTA tax withheld (see page 60)	67	
68	Additional child tax credit. Attach Form 8812	68	
69	Amount paid with request for extension to file (see page 60)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Refundable credit for prior year minimum tax from Form 8801, line 27	71	
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	25542

**Refund**

Direct deposit? See page 61 and fill in 74b, 74c, and 74d, or Form 8888.

73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	1974
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
75	Amount of line 73 you want applied to your 2008 estimated tax	75	1974

**Amount You Owe**

76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62	76	
77	Estimated tax penalty (see page 62)	77	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see page 63)? ☐ Yes. Complete the following. ☐ No

Designee's name  Phone no.  ( ) Personal identification number (PIN)

**Sign Here**

Joint return? See page 17. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number ( )
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

**Paid Preparer's Use Only**

Preparer's signature  Date  Check if self-employed ☐ Preparer's SSN or PTIN **552-25-7946**

Firm's name (or yours if self-employed), address, and ZIP code **JAMES RAY DUNFORD & ASSOCIATES** EIN **55** **2257946**

**12128 W BENTON BLVD SAN BATISTO UT 84402** Phone no. ( **999** ) **999-9999**





**SCHEDULES A&B**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Schedule A—Itemized Deductions**

(Schedule B is on back)

▶ **Attach to Form 1040.** ▶ **See Instructions for Schedules A&B (Form 1040).**

OMB No. 1545-0074

**2007**

Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

**THEODORE W & SALLY F BIGELOW**

Your social security number

**400 | 00 | 5205**

**Medical and Dental Expenses**

**Caution.** Do not include expenses reimbursed or paid by others.

**1** Medical and dental expenses (see page A-1) . . . . .

**2** Enter amount from Form 1040, line 38 **2** . . . . .

**3** Multiply line 2 by 7.5% (.075) . . . . .

**4** Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . .

**Taxes You Paid**

(See page A-2.)

**5** State and local (check only one box):

**a** ☒ Income taxes, or

**b** ☐ General sales taxes

**6** Real estate taxes (see page A-5) . . . . .

**7** Personal property taxes . . . . .

**8** Other taxes. List type and amount ▶ . . . . .

**9** Add lines 5 through 8 . . . . .

**Interest You Paid**

(See page A-5.)

**10** Home mortgage interest and points reported to you on Form 1098

**11** Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-6 and show that person's name, identifying no., and address ▶ . . . . .

**Note.** Personal interest is not deductible.

**12** Points not reported to you on Form 1098. See page A-6 for special rules . . . . .

**13** Qualified mortgage insurance premiums (See page A-7) . . . . .

**14** Investment interest. Attach Form 4952 if required. (See page A-7.) . . . . .

**15** Add lines 10 through 14 . . . . .

**Gifts to Charity**

If you made a gift and got a benefit for it, see page A-7.

**16** Gifts by cash or check. If you made any gift of \$250 or more, see page A-8 . . . . .

**17** Other than by cash or check. If any gift of \$250 or more, see page A-8. You **must** attach Form 8283 if over \$500 . . . . .

**18** Carryover from prior year . . . . .

**19** Add lines 16 through 18 . . . . .

**Casualty and Theft Losses**

**20** Casualty or theft loss(es). Attach Form 4684. (See page A-9.) . . . . .

**Job Expenses and Certain Miscellaneous Deductions**

(See page A-9.)

**21** Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-9.) ▶ . . . . .

**22** Tax preparation fees. . . . .

**23** Other expenses—investment, safe deposit box, etc. List type and amount ▶ . . . . .

**24** Add lines 21 through 23 . . . . .

**25** Enter amount from Form 1040, line 38 **25** . . . . .

**26** Multiply line 25 by 2% (.02) . . . . .

**27** Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- . . . . .

**Other Miscellaneous Deductions**

**28** Other—from list on page A-9. List type and amount ▶ . . . . .

**Total Itemized Deductions**

**29** Is Form 1040, line 38, over \$156,400 (over \$78,200 if married filing separately)?

☐ **No.** Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.

☒ **Yes.** Your deduction may be limited. See page A-10 for the amount to enter.

**30** If you elect to itemize deductions even though they are less than your standard deduction, check here ☐ . . . . .